

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	448051
<015> Study Area Name	T-Mobile West LLC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas
<035> Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.
<039> Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040> <input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<043> Cite the date of the Form 481 reporting	<043> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> Carrier Contact Information <small>(has the contact info. changed since prior filing? Yes or No)</small> <small>(if yes, complete the attached worksheet)</small>	<input type="radio"/> <input checked="" type="radio"/> <050> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<060> Coverage and Performance Report <small>(complete attached worksheet)</small>	<060> <div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">✓</div>
<070> Urban Rate Comparability Certification <small>(complete attached certification)</small>	<070> <div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">✓</div>
<080> Tribal Lands Reporting (y/n?) <small>(Does this study area cover tribal lands? Yes or No)</small> <small>(if yes, complete the attached worksheet)</small>	<input type="radio"/> <input checked="" type="radio"/> <080> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<090> Project Update Information <small>(complete attached worksheet)</small>	<090> <div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">✓</div>
<100> Certifications	
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<101> <div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">✓</div>
<102> Agent Certification <small>(complete attached certification)</small>	<102> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERF, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form

FCC Form 690
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<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number _____

<111> Filing Carrier Name _____

<112> Winning Bidder Carrier Name _____

<113> Street Address (or PO Box) _____

<114> City _____

<115> State _____

<116> Zip-Code _____

<117> Telephone Number _____

<118> Fax Number _____

<119> Email Address _____

Contact Information

if same as above, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) _____

<121> Filing Carrier Name _____

<122> Street Address (or PO Box) _____

<123> City _____

<124> State _____

<125> Zip-Code _____

<126> Telephone Number _____

<127> Fax Number _____

<128> Email Address _____

Authorized Agent Information

if no agent, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) _____

<121> Company _____

<122> Street Address (or PO Box) _____

<123> City _____

<124> State _____

<125> Zip-Code _____

<126> Telephone Number _____

<127> Fax Number _____

<128> Email Address _____

Name of Attached Document (.zip)

(070) Urban Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	T-Mobile West LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/29/2014
Printed name of Authorized Officer:	Christopher Miller
Title or position of Authorized Officer:	VP, Tax
Telephone number of Authorized Officer:	4253834000 ext.
Study Area Code of Reporting Carrier:	448051 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(080) Tribal Lands Reporting

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(090) Project Update Information

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	8614214.16
<203>	Total Mobility Fund Support Disbursed	2871404.72
<204>	Support Applied to Network Design	2757006.28
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	114398.44
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448051_PSD_TX.pdf <i>{Name of PDF attached}</i>

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	T-Mobile West LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/29/2014
Printed name of Authorized Officer:	Christopher Miller
Title or position of Authorized Officer:	VP, Tax
Telephone number of Authorized Officer:	4253834000 ext.
Study Area Code of Reporting Carrier:	448051 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(102) Certification - Agent / Carrier

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

[illegible]

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